Form No. SH-4 - Securities Transfer Form

[Pursuant to section 56 of the Companies Act, 2013 and sub-rule (1) of rule 11 of the Companies (Share Capital and Debentures) Rules 2014]

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FOR THE CONSIDERATION stated below the "Transferor(s)" named do hereby transfer to the "Transferee(s)" named the securities specified below subject to the conditions on which the said securities are now held by the Transferor(s) and the Transferee(s) do hereby agree to accept and hold the said securities subject to the conditions aforesaid.

CIN:	L	3	7	0	6	0	М	н	1	9	8	4	Р	L	С	0	5	5	4	3	3
CIN		-	_	-	-	-				-	-					-	_	_		-	

Name of the company (in full):	AARTI DRUGS LIMITED
Name of the Stock Exchange where the company is listed, (if any):	BSE Limited and National Stock Exchange of India Limited

DESCRIPTION OF SECURITIES:

Kind/Clas	s of securiti	es (1)	Nominal value of each u of security (2)	nit	Amount ca Per unit of se	•	Amount paid up per unit of security (4)			
Eq	uity Share		₹10/-		₹10/-		₹10/-			
Ν	o. of Securi	ties being Transf	erred	Consideration received (₹)						
In Figures		In w	ords		In w	ords	In Figures			
Distinctive	From									
Number	То									
Corresponding Certificate Nos.										

Transferor's Particulars

Registered Folio Number			
Name(s) in Full 1.		S	Signature(s)
2			
I hereby confirm that the transf	ror has signed before me.		
Signature of the Witness Name of the Witness	:		
Address of the Witness	:		
		Pi	n Code

	Transferee's Particulars				
Name in full (1)	Father's/Mother's /Spouse Name (2)	Address & E-mail id (3)			
AARTI DRUGS LIMITED	N.A.	Plot No. N - 198, M.I.D.C., Village - Pamtermbhi, Taluka & Dist. Palghar - 401 506, Maharashtra			
		Email: investorrelations@aartidrugs.com			
Occupation (4)	Existing Folio No., if any (5)	Signature (6)			
Business					
Folio No. of Transferee	1.	Specimen Signature of Transferee(s)			
	2.				
Value of stamp affixed: ₹	3.				
Enclosures: 1. Certificate of shares or debentures or other se 2. If no certificate is issued, Letter of allotment 3. Copy of PAN Card of all the Transferees (For 4. Others, Specify	r all listed Cos.)	°S			
For Office Use Only					
Checked by					
Signature Tallied by					
Entered in the Register of Transfer on					
vide Transfer n	0				
Approval Date					

Power of attorney / Probate / Death Certificate / Letter of Administration

No

Registered on

_____ at